

EX. 21

ITEM	EMPLOYEE	SOC SEC #	INSURANCE PLAN	AMOUNT
IH-#15021F...	Robert Seibert	[REDACTED]	Flex Fit Select- Family - F	1,792.59
IH-#15021F...	Linda DeLisle	[REDACTED]	Flex Fit Select- Active -	676.44
			Single	
IH-#15021F...	Deborah Negrych	[REDACTED]	Flex Fit Select- Family - F	1,792.59
IH-#15021F...	Nicole Seibert	[REDACTED]	Flex Fit Select- Active -	676.44
			Single	
			Processing Fees	68.00

PROC

Payments not received by the due date are subject to cancellation.

Total \$5,006.06

BILLING PERIOD:
10/1 - 12/31/05

Chamber of Commerce of the Tonawandas
15 Webster Street, North Tonawanda, NY 14120 (716) 692-5120

DEF3830

ITEM	EMPLOYEE	SOC SEC #	INSURANCE PLAN	AMOUNT
IH-#15021F...	Robert Seibert	[REDACTED]	Flex Fit Select- Family - F	1,937.70
IH-#15021F...	Linda DeLisle	[REDACTED]	Flex Fit Select- Active - Single	731.22
IH-#15021F...	Deborah Negrych	[REDACTED]	Flex Fit Select- Family - F	1,937.70
IH-#15021F...	Nicole Seibert	[REDACTED]	Flex Fit Select- Active - Single	731.22
IH-#15021F...	Mark Leible	[REDACTED]	Flex Fit Select- Active - Single	731.22
IH-#15021F...	Kimberly Putnam	[REDACTED]	Flex Fit Select- Active - Single	731.22
Processing Fees				120.00
PROC				


Payments not received by the due date are subject to cancellation.

Billing period
7/1 - 9/30/06

Total \$6,920.28

Chamber of Commerce of the Tonawandas
15 Webster Street, North Tonawanda, NY 14120 (716) 692-5120

DEF3831



CHAMBER of
COMMERCE of the TONAWANDAS
Your Bridge to Success

15 Webster Street
North Tonawanda, NY 14120
(716) 692-5120
Fax: (716) 692-1867

Invoice

DATE 9/1/2007
INVOICE # 10867

MEMBERSHIP DUES MUST
BE CURRENT TO MAINTAIN
HEALTH INSURANCE
ELIGIBILITY

BILL TO

Black Angus Meats
Robert L. Seibert
2519 Niagara Falls Blvd.
Amherst, NY 14228

Balance Due**\$7,124.92****DUE DATE****9/30/2007**

Please Detach And Return This Portion

EMPLOYEE

Robert Seibert
Deborah Negrych
Nicole Seibert
Mark Leible
Keegan Roberts

INSURANCE PLAN

Flex Fit Select- Family - F
Flex Fit Select- Family - F
Encompass Essential Single Plan T076
Encompass Essential Single Plan T076
Encompass Essential Single Plan T076
Processing Fees

AMOUNT

2,418.78
2,418.78
729.12
~~729.12~~
729.12
100.00

Please send a check or money order.

Payments not received by the due
date are subject to cancellation.

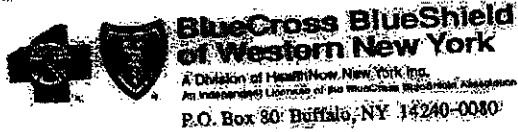
Billing Period: 10/1 - 12/31/07

Chamber of Commerce of the Tonawandas
15 Webster Street, North Tonawanda, NY 14120 (716) 692-5120

*found credit

Total \$7,124.92

40.00
\$ 7084.92
- 729.12
DEF3832



June 12, 2008

Group ID: 00403344
Account Specialist: 27
Invoice ID: 081640007263
Payment Due Date: 07/01/2008

Buffalo Meat Service, Inc. dba Black Angus Meats
2519 Niagara Falls Blvd.
Amherst NY 14228-3527

Bill Period From: 07/01/2008 To: 07/31/2008

For Enrollment Inquiries, call 1-800-430-7984 ext 8488 For Billing Inquiries, call 1-800-430-7984 ext 8488

For Enrollment Inquiries, call 1-800-430-7234							
SOC SEC NO	ID NUMBER	NAME	TIER	COV	PLAN	AMOUNT	TOTAL
Subgroup 0001 Active							
Class 0001 Community Blue HMO 102 Plus							
113469009	881053318	Negrusch Deborah A	FMILY	M	100+Y000	780.79	780.79
072740123	881053312	Roberts Keegan W	SNGL	M	100+Y000	279.75	279.75
053742744	881053313	Seibert Nicole M	SNGL	M	100+Y000	279.75	279.75
482689945	881053309	Seibert Robert L	FMILY	M	100+Y000	780.79	780.79
Regular Charges		Totals By Coverage		M		2,121.08	2,121.01
Class 0001 Totals By Coverage Regular				M		2,121.08	2,121.0
Totals By Coverage Adjustment				M		0.00	0.0
Totals By Coverage				M		2,121.08	2,121.0

* Coverage Category		Subscriber Count	Dependent Count		Total Member Count		
* M - Medical		4	4		8		

Subgroup 0001 Totals By Coverage Regular				M		2,121.08	2,121.0
Totals By Coverage Adjustment				M		0.00	
Totals By Coverage				M		2,121.08	2,121.0

* Coverage Category		Subscriber Count	Dependent Count		Total Member Count		
* M - Medical		4	4		8		

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